

MINNESOTA DEPARTMENT OF PUBLIC SAFETY

State Fire Marshal Division

☐ REPORT SUSPECT

☐ INQUIRY REQUEST

Suspect Information

Last Name			First Name			Middle Name		
Hair Color	Eye Color	Race	Gender	Date of Birth	Weight	Height		
Driver's License Number	D.L. State	Suspect Notes				Other Crimes		
Address				City	State	Zip Code		
County		Home Phone		Start Date	End Date	Official <input type="checkbox"/>		
Affiliation Type		Affiliation Name			Affiliation Description			
Affiliation Notes					Date Reported			
<u>ALIAS'</u> Last Name			First Name			Middle Name		
Date of Birth	Date Reported		Alias' Notes					
Employer					Employment Date			
Contact					Contact Date			
Contact Phone			Suspect Phone			Official <input type="checkbox"/>		
Mark Type			Location			Date Marking Reported		
Description								
Nickname		Date Reported	Social Security Number		Date Reported	Official <input type="checkbox"/>		
<u>VEHICLE</u> Year _____ to _____ (opt.)		Make			Model			
Color		License Number			License State	Date Reported		

Incident Information

Incident Date		MO Ignition		MO Fuel	
MO Motive		Date Reported			
<u>PROPERTY</u> Owner			Address		
City	State	Zip Code	County		Owner Phone Number
Insurance Company		Policy Number	Insurance Contact		Insurance Contact Phone #
Occupant Name			Occupant Phone Number		

Victim Information

Last Name		First Name		Middle Name	
Date of Birth	Gender	Address			
City		State	Zip Code	County	
<u>VICTIM VEHICLE</u> Year		Make		Model	
Color		License Number		License State	Date Reported

Agency

Agency Name			ORI/FDID		
Contact		Contact Phone		Date Reported	

